EXHIBIT B

CUSTOMER CLAIM

Claim Number
Date Received

BERNARD L. MADOFF INVESTMENT SECURITIES LLC

In Liquidation

		Elquidation		
(Please	. m mim	DECEMBER 11, 2008		
(Fiease	. ргіш			
Name o	of Cus	stomer: GARY KORN		
Mailing	g Add	ress: 4/0 FERRENA DESTEFANO + CAPORUSSO 50	CORPORATE F	CAZA
Accoun	I No	ress: e/o FERRENA DESTEFANO + CAPORUSSO 50 LANDIA State: NEW YORK L-CM463-3-0	Zip: <u>//749</u>	
Taxpay	er I.I). Number (Social Security No.):		
		(100). <u>1002 30 702</u>		
***	SH PF RE RE SL	FORE COMPLETING THIS CLAIM FORM, BE SURE IE ACCOMPANYING INSTRUCTION SHEET. A SENDULD BE FILED FOR EACH ACCOUNT AND, TO ROTECTION AFFORDED UNDER SIPA, ALL CUSTOM ECEIVED BY THE TRUSTEE ON OR BEFORE MAD ECEIVED AFTER THAT DATE, BUT ON OR BEFORE IBJECT TO DELAYED PROCESSING AND TO BEING ISS FAVORABLE TO THE CLAIMANT. PLEASE SEND IS RTIFIED MAIL - RETURN RECEIPT REQUESTED.	PARATE CLA RECEIVE T MER CLAIMS rch 4, 2009. July 2, 2009, SATISFIED O	IM FORM HE FULL MUST BE CLAIMS WILL BE N TERMS
1.	Cla	im for money balances as of December 11, 2008:		
	a.	The Broker owes me a Credit (Cr.) Balance of	\$ -0-	N/A
	b.	l owe the Broker a Debit (Dr.) Balance of	\$ -0-	NIA
	C.	If you wish to repay the Debit Balance,	· · · · · · · · · · · · · · · · · · ·	
		please insert the amount you wish to repay and		
		attach a check payable to "Irving H. Picard, Esq.,		
		•		
		Trustee for Bernard L. Madoff Investment Securiti		
		If you wish to make a payment, it must be enclos	ed	
		with this claim form.	\$ <u>-0-</u>	NA
	d.	If balance is zero, insert "None."	sons	

Claim for securities as of December 11, 2008:

PLEASE DO NOT CLAIM ANY SECURITIES YOU HAVE IN YOUR POSSESSION.

		YES	NO
a.	The Broker owes me securities		
b.	l owe the Broker securities		V
C.	If yes to either, please list below.		
		Number o <u>Face Amou</u>	of Shares or ant of Bonds
Date of Transaction (trade date)	Name of Security	The Broker Owes Me (Long)	I Owe the Broker (Short)
<u>IP</u>	CETNE SEE ATTACHED NOV, 2008	BLMIS STATEM	ront

Proper documentation can speed the review, allowance and satisfaction of your claim and shorten the time required to deliver your securities and cash to you. Please enclose, if possible, copies of your last account statement and purchase or sale confirmations and checks which relate to the securities or cash you claim, and any other documentation, such as correspondence, which you believe will be of assistance in processing your claim. In particular, you should provide all documentation (such as cancelled checks, receipts from the Debtor, proof of wire transfers, etc.) of your deposits of cash or securities with the Debtor from as far back as you have documentation. You should also provide all documentation or information regarding any withdrawals you have ever made or payments received from the Debtor.

Please explain any differences between the securities or cash claimed and the cash balance and securities positions on your last account statement. If, at any time, you complained in writing about the handling of your account to any person or entity or regulatory authority, and the complaint relates to the cash and/or securities that you are now seeking, please be sure to provide with your claim copies of the complaint and all related correspondence, as well as copies of any replies that you received.

PLEASE CHECK THE APPROPRIATE ANSWER FOR ITEMS 3 THROUGH 9.

NOTE: IF "YES" IS MARKED ON ANY ITEM, PROVIDE A DETAILED EXPLANATION ON A SIGNED ATTACHMENT. IF SUFFICIENT DETAILS ARE NOT PROVIDED, THIS CLAIM FORM WILL BE RETURNED FOR YOUR COMPLETION.

		<u>YES</u>	NO
3.	Has there been any change in your account since December 11, 2008? If so, please explain.		
4 .	Are you or were you a director, officer, partner, shareholder, lender to or capital contributor of the broker?		
5.	Are or were you a person who, directly or indirectly and through agreement or otherwise, exercised or had the power to exercise a controlling influence over the management or policies of the broker?		
6.	Are you related to, or do you have any business venture with, any of the persons specified in "4" above, or any employee or other person associated in any way with the broker? If so, give name(s)		
7 .	Is this claim being filed by or on behalf of a broker or dealer or a bank? If so, provide documentation with respect to each public customer on whose behalf you are claiming.		
8.	Have you ever given any discretionary authority to any person to execute securities transactions with or through the broker on your behalf? Give names, addresses and phone numbers.	BEILMAN 885 THIS New YES 800-334	Di Madore AD Avens CK, My Jan. 1-1343
9.	Have you or any member of your family ever filed a claim under the Securities Investor Protection Act of 1970? If so, give name of that broker.		
	Please list the full name and address of anyone assis preparation of this claim form:	ting you in the	

If you cannot compute the amount of your claim, you may file an estimated claim. In that case, please indicate your claim is an estimated claim.

IT IS A VIOLATION OF FEDERAL LAW TO FILE A FRAUDULENT CLAIM. CONVICTION CAN RESULT IN A FINE OF NOT MORE THAN \$50,000 OR IMPRISONMENT FOR NOT MORE THAN FIVE YEARS OR BOTH.

THE FOREGOING CLAIM IS TRUE AND ACCURATE TO THE BEST OF MY INFORMATION AND BELIEF.

Date 6/30/09	Signature face
Date	Signature

(If ownership of the account is shared, all must sign above. Give each owner's name, address, phone number, and extent of ownership on a signed separate sheet. If other than a personal account, e.g., corporate, trustee, custodian, etc., also state your capacity and authority. Please supply the trust agreement or other proof of authority.)

This customer claim form must be completed and mailed promptly, together with supporting documentation, etc. to:

Irving H. Picard, Esq.,
Trustee for Bernard L. Madoff Investment Securities LLC
Claims Processing Center
2100 McKinney Ave., Suite 800
Dallas, TX 75201

Affiliated with Madoff Securities International Limited 12 Berkeley Street Mayfair, London W11 8DT Tel 020 7493 6222	708 1	TOUR TAX RAYER DESTINGATION MUNICIPAL ***********************************	027	NTED AMOUNT CREDITED TO YOUR ACCOUNT	113,228,42		59,556,78	60;854*19·	352-04	Figure 19	71.1.60.00 71.1.60.00	23.084.44	31,804,38	30,476.30	859104.95	349124-40	7403Y	170107010	42.572.10	94-641-08	31,553,28	44,731.00	53,209,40	279723-40	339445-15	25-424-20	07-17				
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